

Immunization Newsletter

North Dakota Department of Health

Division of Disease Control

Winter 2005

Influenza Prevention Materials

Due to the shortage of influenza vaccine this season, the North Dakota Department of Health (NDDoH) has developed influenza prevention materials including fact sheets and posters for businesses, health-care facilities, schools and day-care facilities. To obtain the influenza prevention materials, visit www.ndflu.com.



National Influenza Surveillance

The Centers for Disease Control and Prevention (CDC) monitors influenza activity throughout the United States. As of the week ending Jan. 15, 2005, influenza activity continued to increase in the United States. Fifteen states reported sporadic activity, 11 states reported local activity, 14 states reported regional activity, and 10 states reported widespread activity.

CDC's laboratory has antigenically characterized 177 specimens. One hundred and twenty-two have been influenza A H3N2, 2 have been influenza A H1 and 53

have been influenza B viruses. A majority of the influenza A H3N2 specimens have been the Fujian strain. Contrary to last year, the strains identified this influenza season are contained in the vaccine.

For more information about national influenza surveillance, visit:
www.cdc.gov/flu/weekly/fluactivity.htm.

North Dakota Influenza Surveillance

As of Jan. 15, 2005, 287 cases of influenza have been reported to the NDDoH. Two hundred and sixteen were unspecified type influenza A, 13 were influenza A H3N2, 16 were influenza B and 42 specimens were unknown strains. The cases were reported from counties throughout the state.

For more information regarding influenza surveillance in North Dakota, visit www.ndflu.com. The website is updated weekly with current information. To report a case of influenza, visit www.health.state.nd.us/disease/Disease%20Reporting/DiseaseCard.htm or contact the NDDoH at 800.472.2180.



Pediatric Influenza Deaths: Nationally Notifiable Disease

More than 140 pediatric deaths related to influenza occurred during last year's flu season. The CDC, effective for the 2004-2005 influenza season, is requesting that states report pediatric deaths due to influenza. An influenza-associated death is defined as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test with no period of complete recovery between the illness and death. The NDDoH is requesting that North Dakota health-care providers report all pediatric deaths related to influenza to the NDDoH immediately. Providers should call 701.328.2378 or toll-free at 800.472.2180 to report pediatric influenza mortalities.

Influenza Vaccination and Hospitalization Rates in Children

This year, the NDDoH is following up on all influenza cases occurring among children age 6 to 23 months to determine their vaccination status. In addition, the NDDoH is requesting that all influenza-associated hospitalizations in children younger than 18 be reported immediately to the NDDoH at 701.328.2378 or toll-free at 800.472.2180.

Estimated Influenza Vaccination Coverage

As of Nov. 30, 2004, the Behavioral Risk Factor and Surveillance System (BRFSS) estimated that the percentage of adults in the priority groups for influenza vaccination who had been vaccinated since September 1 in North Dakota was less than 40 percent. The United States average was 34.8 percent. The BRFSS is a monthly, state-based, random digit-dialed telephone survey. An

average of 20,000 surveys are completed each month nationally. Data from this survey was published in the Dec. 17, 2004, *Morbidity and Mortality Weekly Report (MMWR)*. To read the report, visit: www.cdc.gov/mmwr/preview/mmwrhtml/m5349a1.htm.



NDDoH Expands Priority Groups for Influenza Vaccination

The North Dakota Department of Health (NDDoH), following recommendations made by the Centers for Disease Control and Prevention (CDC), expanded the list of priority groups recommended to receive influenza vaccine this flu season. Effective Dec. 20, in areas of the state where vaccine supply is adequate to meet demand, the priority groups for influenza vaccine now include adults age 50 to 64 and out-of-home caregivers and household contacts of people in high-risk groups. People in the high-risk groups for serious complications from influenza include people age 65 or older, children younger than 2, pregnant women, and people of any age who have certain underlying health conditions such as heart or lung disease, transplant recipients or people with AIDS.

Prevention Partnership Providers may now administer NDDoH vaccine to contacts (younger than 18 years) of people in the high-risk groups for influenza vaccination.



Winter Vaccine Shipments

Vaccine will not be shipped if the outside temperature is below 0° Fahrenheit. Clinics should prepare and have two months of vaccine on hand in case the NDDoH is unable to ship vaccine for long periods of time. Clinics also should order vaccine earlier than usual and not wait until almost out of vaccine. Please contact the North Dakota Immunization Program at 701.328.3386 or toll-free at 800.472.2180 with any questions regarding vaccine orders or shipments.



Barb Walter Leaving the NDDoH

Barb Walter will soon be leaving the NDDoH, Division of Disease Control. Barb has been with Disease Control since 1998. She started as the vaccine shipping clerk and in February 2002 she became the administrative assistant for the North Dakota Immunization Program. Barb has been in charge of vaccine orders and shipping for many years and also has helped to maintain the North Dakota Immunization Information System (NDIIS). Barb will be missed and we wish her well.

Epidemiology and Prevention of Vaccine-Preventable Diseases: Four Part Series

CDC's annual four part series, "Epidemiology and Prevention of Vaccine-Preventable Diseases" will air February 17 and 24 and March 3 and 10. The series discusses a wide range of topics, including information about diseases, vaccine storage, handling and administration. The series also discusses immunization schedules, including minimum ages and intervals. To register for the webcasts or satellite broadcasts, visit www.phppo.cdc.gov/phtn/default.asp.



39th National Immunization Conference

The 39th National Immunization Conference will be held in Washington D.C. March 21st through the 24th. The conference is directed towards federal, state and local health officials, as well as private health-care providers. Topics that will be covered at the conference include adult, childhood and adolescent immunization; community partnerships; surveillance; health communications and education; vaccine-preventable diseases; policies and legislation; and immunization registries.

For more information or to register for the conference, visit: www.cdc.gov/nip/NIC/default.htm#agenda.

New Additions to the North Dakota Immunization Information System (NDIIS)

Coming soon in early 2005, the NDIIS will have forecasting and reminder/recall capabilities. Forecasting will inform providers when future immunizations are due, based on Advisory Committee on Immunization Practices (ACIP) recommendations. Forecasting also will automatically invalidate doses given incorrectly according to the ACIP schedule and notify providers of immunizations that are past due. Reminder/recall will allow providers to create notices to clients when immunizations are due or past due. These capabilities have been proven to increase immunization rates. The North Dakota Immunization Program will be providing web-based training to providers in the near future and will notify providers of the training times.

The NDIIS will soon have HL-7 communication capabilities, which will enable data exchange between the NDIIS and health-care facilities. This feature is a bi-directional communication that will request updates of patient vaccination histories and will send updated vaccination information to the NDIIS.

Following a set communication protocol will give providers the ability to use current patient management systems for data entry. This single point of entry will reduce data entry time and the opportunity for data entry errors.

More information will follow regarding this HL-7 immunization data download feature.

Pertussis Overview 2004

In 2004, a record number of pertussis cases were reported in North Dakota and the entire United States. In the U.S., cases almost doubled from last year to 18,957 cases. In North Dakota, 765 cases of pertussis were reported in 2004; 658 were laboratory-confirmed and 107 were epidemiologically linked cases. Twenty-four hospitalizations occurred. Cases occurred in 40 counties throughout the state. The majority of cases occurred in the 10 to 19 and 20 to 29 age groups. Forty-two cases occurred in infants younger than a year of age.

Cases continue to be reported throughout the state. Near the end of 2004, numerous cases were reported in schools in Cass County. A health update was sent to providers throughout the state regarding five cases being reported in one month in infants younger than 6 months in Ward and Mountrail counties. The NDDoH recommends that providers continue to consider pertussis as a differential diagnosis in anyone with a prolonged cough, paroxysms, whoop, or post-tussive gagging and/or vomiting. For more information about pertussis, visit www.health.state.nd.us/disease/Immunization/Pertussis/PertussisMain.htm.

New Td Vaccine: DECAVAC™

Aventis Pasteur's new adult Td vaccine, DECAVAC™, will be available January 2005. DECAVAC™ contains the same formulation as the previous Aventis Td vaccine, but is preservative-free. It will be supplied only in single-dose, pre-filled syringes. The previous Aventis Td vaccine will no longer be available from Aventis after January 2005. The NDDoH will supply the previous Aventis Td vaccine until supplies run out.

DECAVAC™ is indicated for use as a routine Td booster every 10 years throughout life for people age 7 and older who have received a primary series of tetanus and diphtheria-containing vaccine. It also is indicated for wound care. For adolescents and adults who have not received the primary series, the ACIP recommends that three doses be administered, followed by a booster dose every 10 years. The first two doses should be given at least four weeks apart. The third dose should be given six to 12 months after the second dose. The ACIP also recommends a Td booster at age 11 to 12 years if at least five years have passed since

the last dose of tetanus and diphtheria-containing vaccine. The CDC estimates that 53 percent of adults age 20 and older are inadequately immunized against tetanus and diphtheria. The NDDoH distributes approximately 32,000 doses of Td vaccine each year.



Congratulations to the Following Providers for Achieving Immunization Rates Above 85% for the 4:3:1:3:3 Series in 2004 (AFIX Results)

Public Health

Lake Region District Health Unit – Benson County
Upper Missouri District Health Unit – Divide County
First District Health Unit – McHenry County
Upper Missouri District Health Unit – McKenzie County
First District Health Unit – Sheridan County
Traill District Health Unit



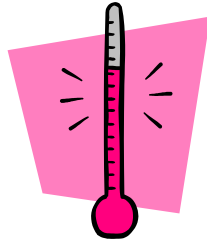
Private Health

Pediatric Associates – Minot
Medcenter One – Dickinson
UND Family Practice – Bismarck
Q&R Clinic Pediatrics – Bismarck
Altru Health Clinic Pediatrics – Grand Forks
Dakota Clinic Pediatrics – Fargo
Altru Clinic Family Medicine Center – Grand Forks
Meritcare Clinic – Valley City
Medical Arts Clinic PC – Minot
Mid Dakota Clinic – Bismarck
Meritcare Clinic – West Fargo
Meritcare Medical Group – Fargo

***Not all providers are assessed each year. The above providers were assessed in 2004.**
If you would like to request a Vaccines for Children (VFC) or Assessment Feedback Incentive Exchange (AFIX) visit for your clinic in 2005, please contact the North Dakota Immunization Program at 701.328.3386 or toll-free at 800.472.2180.

Return Temperature Data Loggers to the NDDoH

Private providers and local public health units that received new temperature data loggers (HOBOS®) should return them as soon as possible to the NDDoH so the batteries can be replaced. Providers should continue to manually monitor and record temperatures twice a day on a temperature log. Once the batteries are replaced, the HOBOS® will be returned to private providers and local public health units. Please contact the North Dakota Immunization Program with any questions about the HOBOS® at 701.328.3386 or toll-free at 800.472.2180.



“Evolving Needs for Immunization of Adolescents” Continuing Education Program

Professional Resources in Management Education, Inc. and GlaxoSmithKline are sponsoring an online presentation called “Evolving Needs for Immunization of Adolescents.” The presentation is available online at www.primeinc.org/sponsored/immunization/index.html. Two free continuing education credits are available for physicians, pharmacists, nurses and case managers for the online activity. The presentation will be available until Dec. 31, 2005.

The presentation is an hour and 21 minutes in length and discusses important topics in adolescent immunization, including the challenges and benefits of adolescent immunization, health policy and treatment paradigm changes and a commentary on the managed care perspective. The presentation also discusses the rising incidence of pertussis in adolescents and the need for an adolescent pertussis vaccine. Also presented is evidence behind emerging adolescent vaccines, including vaccines that prevent meningococcal disease, herpes and human papilloma virus.

Please contact the North Dakota Immunization Program with any questions regarding the presentation.

Menacta™ is Approved by the Food and Drug Administration (FDA)

On Jan. 14, 2005, the FDA approved a license for Menactra™, Meningococcal (Groups A, C, Y and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine. Menactra™ is indicated for the active immunization of adolescents and adults age 11 to 55 for the prevention of invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, Y and W-135. Menactra™, manufactured by Aventis Pasteur Inc., is the first meningococcal conjugate vaccine approved in the United States. Since it is a conjugate vaccine, it should provide longer immunity than the polysaccharide vaccine that is currently available. The ACIP will most likely discuss recommendations for the vaccine at the next ACIP meeting in February.



Questions and Answers

1. **If a child receives four doses of IPV before the age of 4, does one more dose need to be administered after the child turns 4?**

No. The ACIP considers four doses of any combination of OPV and IPV, all given after 6 weeks of age and all separated by a month from each other, to be a complete series.

2. **When the term months is used in vaccine schedules, does that refer to a calendar date, such as Oct. 12th to Nov. 12th, or does it refer to a four-week period?**

Once the child reaches 4 to 6 months, you should use calendar months, not weeks. The ACIP recommends that for intervals of three months or less it is okay to use definition of four weeks (28 days) as that of a month. When you get beyond age 4 months, the ACIP recommends calendar months to be used so you do not continue to lose time as you go longer and longer intervals.

3. **What size needle should be used when administering the birth dose of hepatitis B vaccine to newborns?**

The ACIP recommends that for the majority of infants younger than 12 months, a 7/8 to 1-inch, 22 to 25-gauge needle is sufficient to penetrate muscle in the infant's thigh. For all intramuscular injections, the needle should be long enough to reach the muscle mass and prevent vaccine from seeping into subcutaneous tissue, but not so long as to involve underlying nerves and blood vessels or bone. Vaccinators should be familiar with the anatomy of the area into which they are injecting vaccine. **An individual decision on needle size and site of injection must be made for each person on the basis of age, the volume of the material to be administered, the size of the muscle, and the depth below the muscle surface into which the material is to be injected.**

4. **If an expired dose of live vaccine is given, when should it be repeated?**

ACIP does not specifically address the timing for repeating doses of expired vaccine. However, the NIP recommends that providers wait four weeks (at least one incubation period) before repeating a dose of live vaccine that has expired. Even though the vaccine is expired, the NIP believes it might retain some viability that could interfere with the repeat dose. Therefore, it is best to wait four weeks to be sure. However, if an expired *inactivated* vaccine is inadvertently given, the NIP does not know of a biologic reason why the dose could not be repeated immediately, although there is still no official recommendation from the ACIP.

2005 Childhood Immunization Schedule

The 2005 Recommended Childhood and Adolescent Immunization Schedule was released the beginning of January. The schedule is unchanged from the schedule that was released in April 2004. The “Catch-up Schedule” for children who are more than a month behind is also unchanged. The schedule is available at www.cdc.gov/nip/recs/child-schedule.htm#Printable. The North Dakota Immunization Program will be sending schedules to all Prevention Partnership Providers in North Dakota.

PedvaxHIB® vs. ActHIB®

The number of doses in the primary series of conjugate *Haemophilus influenzae* type B (Hib) vaccine depends on the type of vaccine used. A primary series of PedvaxHIB® is two doses; ActHIB® requires a three-dose primary series. A booster dose is recommended at age 12 to 15 months, regardless of which vaccine was used for the primary series.

The optimal interval between both Hib vaccines is two months, with a minimum interval of four weeks. At least eight weeks should separate the booster dose from the last dose in the primary series. The first dose of Hib vaccine should not be given before the age of 6 weeks.

All types of Hib vaccine are interchangeable. Three doses of any combination of both PedvaxHIB® and ActHIB® will complete the primary series. Either type of vaccine may be used for the booster dose, regardless of what was used for the primary series.

The NDDoH has used ActHIB® in the past and will be switching to PedvaxHIB® for 2005. Please contact the North Dakota Immunization Program at 701.328.3386 or toll-free at 800.472.2180 with any questions or concern about Hib vaccines.

The catch-up schedule for Hib vaccination is as follows:

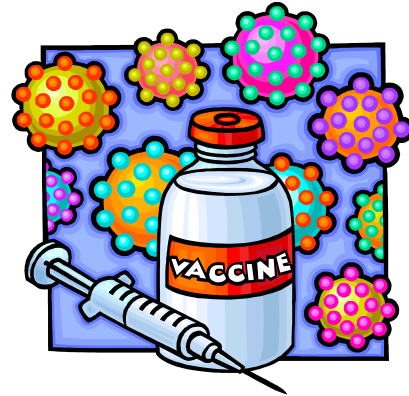
Current Age (months)	Prior Vaccination History	Recommended Regimen
7-11	1 dose	1 dose at 7-11 months, booster at least two months later at 12-15 months
7-11	2 doses of ActHIB® or PedvaxHIB®	Same as above
12-14	2 doses before 12 months	1 dose of any licensed Hib vaccine
12-14	1 dose before 12 months	2 doses of any licensed Hib vaccine
15-59	Any incomplete schedule	1 dose of any licensed Hib vaccine

Upcoming Events:



- “Vaccine Shortages: Protecting the Public’s Health Amid Strategic and Ethical Concerns,” Satellite Broadcast: **Jan. 28, 1 p.m. – 2 p.m.**
- ACIP meeting in Atlanta: **Feb. 10 – 11**
- “Epidemiology and Prevention of Vaccine Preventable Diseases,” Four-Part Series Satellite Broadcast: **Feb. 17 & 24, March 3 & 10, 11 a.m. – 2:30 p.m.**
- 39th National Immunization Conference in Washington D.C.: **March 21 – 24**

The *Immunization Newsletter* is a quarterly publication distributed to Prevention Partnership Providers.



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